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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N12808

1. Corporation Name
DORAL RYDER OPEN FOUNDATION, INC.

Principal Place of Business 4400 NW 87 AVE MIAMI FL 33178 US	Mailing Address PO BOX 522927 MIAMI FL 33152 US
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2. Principal Place of Business 21 9600 N.W. 38 ST.	2a. Mailing Address 26 9600 N.W. 38 ST.	3. Date Incorporated or Qualified 12/31/1985
22 #200	27 #200	4. FEI Number 59-2666056
23 MIAMI, FL	28 MIAMI, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 33178 25 USA	29 33178 30 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

CORDES, H. RONALD
DORAL RYDER OPEN FOUNDATION INC
4400 N.W. 87TH AVE.
MIAMI FL 33178

10. Name and Address of New Registered Agent

81 Name **EDWARD R. NICKLAUS**
 82 Street Address (P.O. Box Number is Not Acceptable) **NICKLAUS + WICKS**
 83 **2511 PONCE DE LEON BLVD, STE. #300**
 84 City **CORAL GABLES** FL 85 Zip Code **33134**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Edward R. Nicklaus* **EDWARD R. NICKLAUS** **4/22/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	CORDES, H. RONALD
STREET ADDRESS	6740 SW 144TH STREET
CITY-ST-ZIP	MIAMI FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	ROADMAN, ROSS
STREET ADDRESS	15421 TURNBULL DR.
CITY-ST-ZIP	MIAMI LAKES FL 33014
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	LIVESAY, LEIGH M.
STREET ADDRESS	9722 SW 69TH PLACE
CITY-ST-ZIP	MIAMI FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	BEARD, WENDELL R
STREET ADDRESS	16903 SW 79TH PLACE
CITY-ST-ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	THOMAS E. MCKINNON <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PRESIDENT
1.3 STREET ADDRESS	2541 ROYAL PALM WAY
1.4 CITY-ST-ZIP	WESTON, FL 33327
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	THOMAS F. NEVILLE
3.3 STREET ADDRESS	7440 S.W. 132 ST.
3.4 CITY-ST-ZIP	MIAMI FL 33156
4.1 TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JOEL PAIGE
4.3 STREET ADDRESS	4400 NW 87 AVE
4.4 CITY-ST-ZIP	MIAMI, FL 33178
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas F. Neville* **THOMAS F. NEVILLE** **4/20/99** **305-477-4653**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)